


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 038 ****61.25

DOCUMENT # N12255 1. Entity Name WATERWAY VILLAS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 110-114 IDA AVENUE LAKE PLACID, FL 33852			Mailing Address 110-114 IDA AVENUE LAKE PLACID, FL 33852		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03032008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-2999557	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JANE, ELIZABETH M. 114 IDA AVENUE LAKE PLACID, FL 33852				Name Street Address (P.O. Box Number is Not Acceptable) City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANE, ELIZABETH M.		NAME		
STREET ADDRESS	114 IDA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LAKE PLACID, FL		CITY - ST - ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWBERRY, JAMES R		NAME		
STREET ADDRESS	110 IDA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LAKE PLACID, FL 33852		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELSH, JAMES		NAME		
STREET ADDRESS	112 IDA AVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE PLACID, FL 33852		CITY - ST - ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JANE, JOHN F.		NAME		
STREET ADDRESS	114 IDA AVENUE		STREET ADDRESS		
CITY - ST - ZIP	LAKE PLACID, FL		CITY - ST - ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELSH, SUE		NAME		
STREET ADDRESS	112 IDA AVE		STREET ADDRESS		
CITY - ST - ZIP	LAKE PLACID, FL 33852		CITY - ST - ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Elizabeth M. Jane pres.</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4/14/08 863-465-1186 <small>Date Daytime Phone #</small>		